

RECEIVED
CENTRAL FAX CENTER

005

OCT 02 2007

DOCKET: CU-5962

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT:	Moughelbay et al) Group Art Unit: 3677
SERIAL NO:	10/516,471) Examiner: Marcus Menezes
FILED:	November 29, 2004)
TITLE:	TYING DEVICE)

AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT

Dear Sir:

The Commissioner is authorized to charge our deposit account no. 12-0400 in the amount of \$1500 for the petition to revive the application, or for any other required fees in excess of this amount.

Respectfully submitted,

September 17, 2007

Date

Attorney for Applicant
 Brian W. Hameder
 c/o Ladas & Parry LLP
 224 South Michigan Avenue
 Chicago, Illinois 60604
 (312) 427-1300
 Reg. No. 45613

Adjustment date: 11/05/2007 CKHLOK
 10/04/2007 RHEBRAHT 00000014 120400 10516471
 01 FC:1453 1540.00 CR

11/05/2007 CKHLOK 00000004 120400 10516471
 01 FC:1452 510.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>11/02/07</u>		2 Serial/Patent # <u>10516471</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/> Filing				\$
<input type="checkbox"/> Amendment				\$
<input type="checkbox"/> Extension of Time				\$
<input type="checkbox"/> Notice of Appeal/Appeal				\$
<input checked="" type="checkbox"/> Petition		none	09/17/07	\$ 1,040.00
<input type="checkbox"/> Issue				\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.				\$
<input type="checkbox"/> Maintenance				\$
<input type="checkbox"/> Assignment				\$
<input type="checkbox"/> Other				\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,040.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/> Overpayment		X	Credit Deposit A/C #:	
<input checked="" type="checkbox"/> Duplicate Payment		9	1	--
No Fee Due (Explanation): Petition was filed last FY, and the fee was \$500. \$1540 was charged to Petitioner's Deposit Account this FY.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Paul Shanoski</u>		TITLE: Senior Attorney		
SIGNATURE: <u>Paul Shanoski</u>		PHONE: 571-272-3225		
OFFICE: Office of Petitions				
***** THIS SPACE RESERVED FOR FINANCIAL USE ONLY *****				
APPROVED: <u>CRH/K</u>		DATE: <u>11/5/07</u>		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**